



Operations Inspection Report 2005

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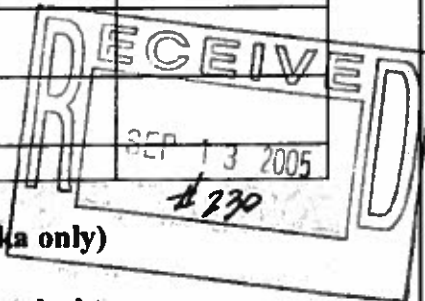
Instructions: Only a person currently certified by the State of Alaska in UST Inspection may fill out this form. Detailed instructions on how to fill out this form is provided in ADEC's "UST Operations Inspector Reference Handbook" which is available at <http://www.state.ak.us/dec/spar/guidance.htm#formsust>. Use a second form for facilities with more than 4 tanks.

Section 1: General Information

Facility Name: Soldotna Y Chevron			Owner Name: Fred Hammon		
Location Address: 44024 Sterling Hwy			Mailing Address: 41364 Aksala Lane		
City: Soldotna			City, State, Zip: Soldotna Alaska 99669		
Phone: (907) 262-2416			Phone: (907)-262-4513		
Operator Name: Fred Hammon			Mailing Address for Compliance Tags:		
Phone: (907) 262-4513			Name: Send to facility address		
Fax: (907)-262-6537			Address		
E-mail			City, State, Zip		
ADEC Facility ID Number:	Date of Inspection:	Inspector Name and Worker #:	All applicable tanks registered?	Current UST Compliance Tag visible to delivery driver?	ADEC web database printout indicates proof of Financial Responsibility met?
518	28 Aug. 05	Paul Pedersen # 562	[X] Yes [] No	[X] Yes [] No	[X] Yes [] No If no, attach FR proof to this form.

Print out and attach ADEC facility tank information from the web database. Redline and initial corrections to tank information. Fill out the tank number for each tank but only use the ADEC Tank ID numbering system.

Tank and Piping (ADEC ID#)	Tank # 5	Tank #	Tank #	Tank #
Owner Tank ID # (if different)	5			
Status (Active or Temp. out of use)	Active			
Capacity (Gallons)	1000			
Product (Specify type)	Used Oil			
Tank Construction Material	Steel			
Compartment Tank (Yes/No, If Yes, list each compartment separately)	No			
Double-Wall Tank (Yes/No)	No			
Piping Type (Suction or Pressurized)	None			
Outer Wall Pipe Construct. Material	None			
Double-Wall Piping (Yes/No)	N/A			
Multiple Pipe runs per tank (Yes/No, if Yes, explain on map)	No			
Emergency Power Generator UST (Yes/No)	No			



Questions? Call ADEC at 1-800-478-4974 (in Alaska only)

E-mail: ust@dec.state.ak.us

Internet: <http://www.state.ak.us/dec/spar/ipp/tanks.htm>

Please return original form
no later than September
30 of the year inspection is
due to:

ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501

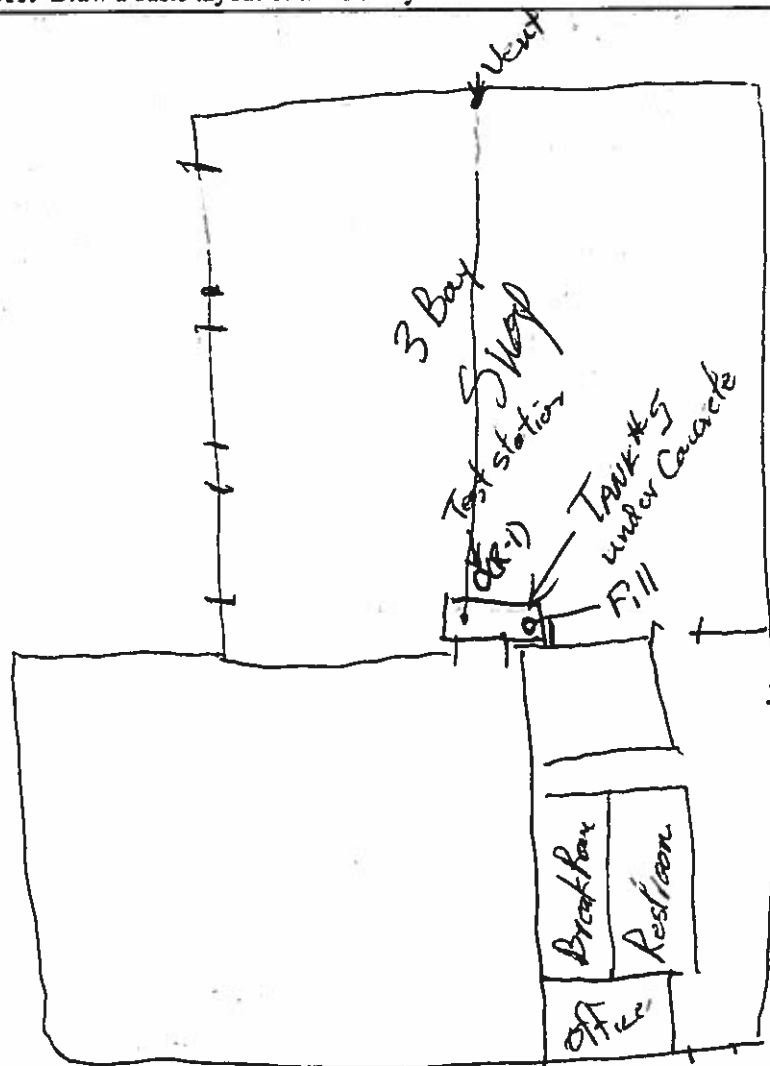
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Owner/Operator's Initials:
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Sketch: Draw a basic layout of the UST system.



KEY/LEGEND. Include as applicable

- ☐ (T) Tanks (including all compartments) with ADEC tank ID #s
- ☐ (P) Product piping
- ☐ (PS) Piping sumps
- ☐ (D) Dispensers
- ☐ (A) Alarms
- ☐ (ATG) Automatic tank gauge consoles
- ☐ (RCT) Rectifiers
- ☐ (AN) Impressed current anodes
- ☐ (S) Structure Contact Points for CP
- ☐ (R) Reference cell locations
- ☐ ↑ North arrow

Section 2: Tank Temporarily Closed or Taken Out of Service

Fill out this section for any tank that is "temporarily closed" (contains product, out of use) or "taken out of service" (empty, out of use). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use or permanently out of use.

Answer all with Yes or No	Tank #	Tank #	Tank #	Tank #
Tank Contains less than 1" of product				
Tank vented and fill pipe locked	None	On	Site	
Date temp. closed or taken out of service (Month/Day/Year)				

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Owner/Operator's Initials: [Signature]
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Section 3: Release Detection Summary

Operation and Maintenance for a repair.

	Tank/Pipe # 5	Tank/Pipe #	Tank/Pipe #	Tank/Pipe #
Has tank/piping been repaired? (Yes/No)	No			
Was the UST system tightness tested or internally inspected within 30 days of repair (or is the UST system doing monthly monitoring)? (Yes/No/Not applicable)	N/A			

Suspected Release Notification.

	Tank/Pipe # 5	Tank/Pipe #	Tank/Pipe #	Tank/Pipe #
Has tank/piping had two consecutive months of non-passing (fail, inconclusive, invalid,...) leak detection results? (Yes/No)	No			
Reported to ADEC as a suspected release and investigated? (Yes/No/Not applicable)	N/A			

This section indicates the method or methods of release detection present. Proceed to the section noted in the last column. Emergency power generator UST systems and taken out of service (empty) UST systems are exempt from release detection.

Tank Method	Indicate primary (P) method and, if applicable, secondary (S) method for each tank				Using primary method, proceed to section:
	Tank # 5	Tank #	Tank #	Tank #	
Automatic Tank Gauging					3.a.
Continuous In Tank Leak Detect System					3. b.
Interstitial Monitoring					3.c.
Inventory Control and Tightness Testing					3.d. (page 7 only) and 3.e.
Statistical Inventory Reconciliation					3.d (pages 7 and 8)
Manual Tank Gauging	P				Refer to ADEC InspectHandbk
None needed-Explain					NA

Pipe Method: fill out for each separate pipe run.	Indicate primary (P) method and, if applicable, secondary (S) method for each pipe run				Using primary method, proceed to section:
	Pipe # _____	Pipe # _____	Pipe # _____	Pipe # _____	
Pressurized piping only [stand-alone sump sensors not allowed per 18AAC 78.070(b)]					
Automatic line leak detector (ALLD) (3 gph) and double-wall pipe with liquid sump sensor					3.c and 3.h
ALLD(3 gph) and double-wall pipe with manual interstitial monitoring					3.c and 3.h
ALLD that can perform 3 gph continuous plus 0.2 gph/ month (electronic).					3.f and 3.h
ALLD (3 gph) and annual line tightness test					3.e.and 3.h
Other combination (Explain)					
ALLD (3 gph) and SIR monthly					3.d and 3.h
Suction piping only					
Line tightness test every 3 years					3.e.
Interstitial monitoring, electronic or manual					3.c.
Statistical Inventory Reconciliation (SIR)					3.d.
Safe Suction					3.g
None needed (Explain) No piping on system	X				NA

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Owner/Operator's Initials: [Signature]
Date: 9-6-05

Section 3.a. Automatic Tank Gauging (Tank Only)

#	Fill out 1-3. Answer Yes or No for 4-12.	Tank #__	Tank #__	Tank #__	Tank #__
1	Console Make and Model				
2	Probe Type Model- Fill out for each tank.				
3	Frequency ATG performs test				
4	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
5	System setup reviewed and proper settings confirmed correct. Verification all probes functioning.				
6	Monitoring panel or control box is present and working.				
7	Tank is filled to proper capacity (____%) and test run for proper duration of time (____ hours) for last 2 months.				
8	Owner's manual for console and probes is available at site.				
9	Verification that console and probe are third party approved and on the NWGLDE list for ATG*. Meets minimum performance standards, with the probability of detection set at ____% and the probability of false alarm set at ____%.				
10	Monthly release detection records are available for last 12 months (8 of 12 results must be passing.) No two consecutive months of inconclusive readings. **				
11	Existing release detection results show no evidence of a release.				
12	ATG checking portion of tank that routinely contains product.				
ATG passes inspection. Questions 4-9, 11 and 12 are all Yes. Question 10 see LD Recordkeeping Fact Sheet.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

*If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet

Deficiencies:

Further Recommendations:

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| | Applicable
 [X] Not Applicable

Section 3.b. Continuous In Tank LD System (CITLDS) (Tank Only)

#	Fill out 1-2. Answer Yes or No for 4-11.	Tank #__	Tank #__	Tank #__	Tank #__
1	Console Make and Model				
2	Probe Model. Fill out for each tank.				
3	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
4	System setup reviewed and proper settings confirmed correct. Verification all probes functioning.				
5	Monitoring panel or control box is present and working.				
6	Owner's manual for console and probes is available at site.				
7	Verification that console and probe are third party approved and on the NWGLDE list for CITLDS.* Meets minimum performance standards, with the probability of detection set at ____% and the probability of false alarm set at ____%.*				
8	Monthly release detection records are available for last 12 months (8 of 12 results must be passing.) No two consecutive months of inconclusive readings. **				
9	Existing release detection results show no evidence of a release.				
10	CITLDS checking portion of tank that routinely contains product.				
CITLDS passes inspection. Questions 3-7, 9 and 10 are all Yes. Question 8 see LD Recordkeeping Fact Sheet.					


Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

*If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet

Deficiencies:

Further Recommendations:

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Section 3.c Interstitial Monitoring (Tank and Piping)

#	As appropriate, fill in or answer with a Yes or No for each tank and pipe	Tank #__	Pipe #__	Tank #__	Pipe #__	Tank #__	Pipe #__	Tank #__	Pipe #__
	Liquid (Brine) or Gas (Empty) Filled								
Manual System Only									
1	Equipment (calibrated stick and written log) is accessible and functional.								
2	Interstitial space monitored in appropriate position.***								
Electronic System Only									
3	Console make/ model								
4	Sensor make/model								
5	Console and sensor on NWGLDE list*								
6	Type of interstitial sensor (ie Liquid, Discriminating, Pressure) List each if different.								
7	Monitoring console is operational.								
8	Interstitial sensor visually inspected, functionally tested, and confirmed operational.								
9	Interstitial space monitored in appropriate position.***								
10	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).								
Summary									
11	Monthly release detection records are available for last 12 months (8 of 12 must be passing.) **								
12	No evidence of liquid in sump or interstitial space of air filled system. No evidence of loss or gain of brine in brine filled system. Operation of partial vacuum or over pressure system is within manufacture design specifications.								
13	Existing release detection results show no evidence of a release.								
14	No visible leaks or holes in secondary containment.								
Interstitial Monitoring passes inspection. Questions 1, 2, and 12-14 are Yes for Manual. Questions 5, 7-10 and 12-14 are Yes for Electronic. Question 11 see LD Recordkeeping Fact Sheet.									

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.
* If not, see Certification of Performance Standards for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet.


***Monitor interstitial space is lowest point of secondary containment for gas filled or highest point of secondary containment for brine filled and positioned so that other equipment will not interfere with its proper operation. See manufacture specifications and NWGLDE listing limitations for continual partial vacuum or overpressure interstitial monitoring.

Special note for tanks with secondary barriers as the sole source of release detection for tanks.

Please refer to the Operator Inspector Handbook for a summary of special requirements.

Deficiencies: _____

Further Recommendations: _____

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Section 3.d. Inventory Control (Tank Only) and/or Statistical Inventory Reconciliation (Tank and Piping)

Fill out this section if tank uses Inventory Control alone or Inventory Control combined with SIR.

#	As appropriate, Answer Yes or No	Tank # _____	Tank # _____	Tank # _____	Tank # _____
1	Readings recorded daily (when operating).				
2	Inventory records are reconciled monthly.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8".				
4	Stick readings logged before and after each delivery.				
5	Gauge stick is marked so the owner is capable of determining product level to the nearest 1/8".				
6	Stick capable of measuring full height of tank.				
7	Monthly water readings checked to the nearest 1/8" and used in calculating inventory balances.				
8	Fill drop tube observed.				
9	Each dispensing is metered and recorded within local standards for meter calibration. Date meter calibrated _____				
10	Total monthly overages or shortages are less than 130 gallons + 1% of tank's flow through (sales) volume for the last 12 months.				
11	Last 12 months of inventory data available. No two consecutive months of inconclusive readings. (8 of 12 must be passing.) **				
12	Existing release detection results show no evidence of a release. No water intrusion.				
Inventory Control Passes Inspection. Questions 1 through 10 plus 12 are Yes. Question 11 see LD Recordkeeping Fact Sheet.					

If using Statistical Inventory Reconciliation (SIR), also fill Section 3.d on page 8

If using Inventory Control only, also fill out Tightness Testing section 3.e on page 8

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See LD Recordkeeping Fact Sheet.

Deficiencies: _____

Further Recommendations:

Special note for tanks with Manual Tank Gauging as the sole source of release detection.

Please refer to the Operator Inspector Handbook for a summary of special requirements.

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| | Applicable
[X] Not Applicable

Section 3.d. Statistical Inventory Reconciliation (Tank and Piping)

Fill out this section if you use tank and/or pipe uses Statistical Inventory Reconciliation (SIR).

As appropriate Fill in and Answer Yes or No for each tank	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #
13 SIR method on NWLDE list. Method Name:								
14 If applicable, SIR method is approved for piping on evaluation summary (NWGLDE list.)	NA		NA		NA		NA	
15 No two consecutive inconclusive results in the last 12 months prior to inspection. Explain below if No (8 of 12 months be passing) **								
16 Existing release detection results show no evidence of a release.								
17 SIR results received by owner from vendor within 30 days of submittal of data.								
18 SIR results indicate sufficient amount of data was used to perform leak check.								
Statistical Inventory Reconciliation (SIR) Passes Inspection. Questions 1 through 12 plus 13, 14, and 16-18 are all Yes. Question 15 see LD Recordkeeping Fact Sheet.								

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See LD Recordkeeping Fact Sheet.

Deficiencies: _____

Further Recommendations: _____

Section 3.e Tightness Testing (Tanks and Piping)

| | Applicable
[X] Not Applicable

Fill out this section if tank and/or pipe used periodic tightness testing

#	As appropriate fill in and answer Yes or No for each tank and pipe	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #
1	Test method on NWLDE list as a 0.1gph tightness test. Method Name:								
2	Tightness test performed by Alaska certified tester (UST Worker Name and #: _____)								
3	Last tightness test results available and passed (shows no evidence of release). ATTACH A COPY								
4	Tightness testing is conducted within specified time frames for method (every 5 years for tanks doing inventory control; annually for pressurized piping; every 3 years for non-exempt suction piping).								
5	Still eligible for combination of Inventory Control and TIT. Expiration date is: _____								
Tightness Testing passes inspection. Questions 1-5 are all Yes. Attach copy of tightness test.									

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

Deficiencies: _____

Further Recommendations: _____

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Section 3.f Monthly Line Leak Detectors

| | Applicable
[X] Not applicable

#	As appropriate Fill in and Answer Yes or No for each tank	Pipe #__	Pipe #__	Pipe #__	Pipe #__
1	Console make/model number.				
2	Leak detector make/model number.				
3	Is the equipment on the NWGLDE list? *				
4	Automatic Shut-Off Device (S-O) Restrictor (R) Audible or Visible Alarm (A)				
5	Device is performing and operational (check all that apply) 3.0 gph @ 10 psi (complete Section 3.h); 0.2 gph; 0.1 gph.	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph
6	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks, calibration, etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
7	Release detection records are available for last 12 months (8 of 12 must be passing.) **				
8	Line Leak Detector shows no evidence of release.				
Pass inspection- Monthly Line Leak Detectors: Questions 3, 5, 6, and 8 are Yes. Question 7 see LD Recordkeeping Fact Sheet.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

*If no see ADEC Certification of Performance for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet.

Deficiencies:

Further Recommendations:

| | Applicable
[X] Not Applicable

Section 3.g. Safe Suction (Suction Piping Only)

Fill out this section to verify that the suction piping system does not require release detection.

#	Answer with Yes or No for each pipe	Pipe #__	Pipe #__	Pipe #__	Pipe #__
1	The piping slope is back to the tank and operates under atmospheric pressure or less.				
2	No more than one check valve is used.				
3	The check valve is directly under the dispensing pump.				
Safe Suction passes inspection. Questions 1, 2 and 3 are Yes.					

Note: If the answer for 1, 2, or 3 is No, another type of release detection must be used and inspected. Then fill out the applicable section on piping release detection. List any problems noted during inspection. Corrections must be listed on an addendum page.

Deficiencies:

Comments:

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| | Applicable
 [X] Not Applicable



Section 3.h. Automatic Line Leak Detectors (Pressurized Piping Only)


#	Describe type of equipment present. Answer questions 4-10 Yes or No	Pipe #__	Pipe #__	Pipe #__	Pipe #__
1	Mechanical or Electronic				
2	Make and Model				
3	Automatic Shut-Off Device (S-O) Restrictor (R) Audible or Visible Alarm (A)				
4	Is the equipment on the NWGLDE list? *				
5	Pass Operation Test in last 12 months prior to inspection: All ALLDs must pass an operation (function or performance) test in accordance with manufacturer's requirements annually. Attach copy of test. If ALLD on NWGLDE list is self-testing, mark this question NA and see question 10.				
6	Device is performing and operational at 3.0 gph @ 10 psi				
7	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
8	Line Leak Detector shows no evidence of release.				
9	Is the entire piping system covered by the ALLD?				
10	For a self-testing electronic ALLD on the NWGLDE list that has not been tested annually, last record of passing 3.0 gph test result for each pipe is within the last 72 hrs. (Include copy of test/rpt or display reading.) If Question #5 is yes and test is attached this question may be marked NA.				
Pass inspection-Questions 4, and 6-9 are Yes. As applicable, Question 5 or 10 is also Yes.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum
 *If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet

Deficiencies:

Further Recommendations:

	Report all known or suspected spills or leaks Call your local ADEC Office Or call: 1-800-478-9300 after business hours	
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Section 4: Spill and Overfill Prevention

4.a. Spill Device

#	Answer Yes or No for each tank	Tank # 5	Tank #__	Tank #__	Tank #
1	Equipped with spill bucket.				
2	Bucket clean and free of debris and water.				
3	Bucket has no cracks or holes observed.				
4	No abnormalities observed in fill pipe. (No bent drop tubes, no cracks or holes observed in fill pipe especially at connection to tank and spill device.				
5	Spill device not required. Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.	Yes			
Spill device passes inspection. Questions 1 through 4 are Yes. Or spill device not required.		Pass			

Note: If the answer to questions 1-4 is No, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.b. Overfill Device

#	Describe type of equipment present. As appropriate, answer questions 3-8 Yes or No	Tank # 5	Tank #	Tank #	Tank #
1	Overfill device present (list all present): Automatic Shutoff (AS), Ball Float Valve (BFV), High Level Alarm (HLA), Other Describe				
2	Indicated delivery method (gravity or metered flow)				
3	Owner/operator ensures releases due to spilling or overfilling do not occur. For example, product is measured prior to each delivery to ensure enough room in tank for product; all fuel deliveries are monitored.				
4	Visually observed overfill device housing, documentation of install provided, OR certification from service provider attesting to overfill device operability provided.				
5	Overfill device not required. Tank that receives less than 25 gallons of petroleum per delivery is not required to have an overfill device.	Yes			
	Automatic shut-off only				
6	Visual observation indicated no obstruction in the drop tube that would render the shut-off device ineffective.				
	Ball Float Valve and Vent Restrictor				
7	Compatible with UST system configuration, delivery, and use.*****				
	External high level alarm only				
8	Alarm tested and functioning properly at 90% and is audible or visible to the driver at the point of transfer.				
Overfill device passes inspection. Question 3, and 6, 7, or 8 (as applicable) are Yes. Or overfill device not required.		Pass			

Note: If the answer to any questions is No, explain below. List any problems noted during inspection. Note corrections on Addendum.

***** Ball float valves must be removed to pass inspection if the conditions listed in 18 AAC 78.040(e) exist. 18 AAC 78.040(e) If a UST system has one or more of the following, the owner or operator of the system shall not use a ball float valve or a vent restrictor shut-off device on that system: (1) a tank that receives a pumped delivery; (2) suction piping with air eliminators; (3) remote fill pipes and gauge openings; (4) an emergency generator...

Deficiencies: _____

Further Recommendations: _____

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Section 5: Corrosion Protection

Fill out this section even if the tank or piping is made of non-metallic construction material.

Buried metal tank and piping (which includes fittings, flex-connectors, ect.) must be isolated from soil or cathodically protected.

#	Check type of corrosion protection for each tank and pipe, and answer Yes, No, or NA for each tank and pipe	Tank # 5	Tank #	Tank #	Tank #
<input type="checkbox"/> Galvanic Cathodic Protection (Tank and Piping)					
1	Tank passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****	Yes			
2	Pipe passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****	N/A			
3	Record of last two cathodic protection tests on file with Owner or Operator.	No Just (1)			
4	Cathodic Protection system tested/inspected within 6 months of repair of UST system.				
Galvanic Cathodic Protection passes inspection. Questions 1 and 2 are Yes.		Pass			
<input type="checkbox"/> Impressed Current Cathodic Protection (Tank and Piping)					
5	System has power and is turned on. ****				
6	60-day log is present and filled out properly. ****				
7	Tank passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****				
8	Pipe passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****				
9	Record of last two cathodic protection tests on file with Owner or Operator.				
10	Cathodic Protection system tested/inspected within 6 months of repair of UST system.				
Impressed Current Cathodic Protection passes inspection. Questions 4, 6 and 7 are Yes.					
<i>Note: If the answer to any question is No, explain below. List any problems noted during inspection, even those that were corrected.</i>					
<input type="checkbox"/> Internally Lined (Only Tanks with no CP):					
11	Internal liner passed required periodic inspection. (Liner only with no cathodic protection) ATTACH REPORT				
12	Date liner installed (Month/Day/Year)				
13	Date last inspection due. (Month/Day/Year)				
14	Next Inspection due date. (Month/Day/Year) (Liner only with no cathodic protection)				
<input type="checkbox"/> Non-Metal Construction Material: No CP Required					
15	Tank: Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel.				
16	Pipe: Outer wall made of non-metallic material such as fiberglass or corrugated plastic.				

Notes: _____

****If question 1-10 is no, prior to system repair or adjustment call ADEC.

IF TANK OR PIPE HAS CATHODIC PROTECTION ATTACH COMPLETED CP TEST FORM.

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Owner/Operator's Initials: 

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Section 6: General Comments

Use this section to list additional comments not listed in the previous pages. (Attach another page as necessary.)
Owners/operators are required to report unusual operating conditions to DEC. Were any unusual operating conditions observed? (For example: For flexible piping, were any of the following conditions observed: swelling, elongation, kinking, wrinkling, blistering, delamination, softness, mold growth, or other abnormalities? Please attach (digital) photograph and describe.)

Section 7: Certification

Fill out the following:	Tank # 5	Tank #	Tank #	Tank #
Use these codes: P = Pass Inspection, F = Fail Inspection, NA = Not Applicable.				
Release Detection (Tank only)	P			
Release Detection (Piping only)	N/A			
Spill Device (Tank only)	N/A			
Overfill Device (Tank only)	N/A			
Corrosion Protection (Tank only)	P			
Corrosion Protection (Piping only)	N/A			
Passes Inspection (Pass/Fail only)	PASS			
Tank Release Detection Record Keeping enter number of months with passing records **	12			
Piping Release Detection Record Keeping enter number of months with passing records **	N/A <i>used oil</i>			

** Review Leak Detection Record Keeping Fact Sheet. Sign Leak Detection Probation Agreement.

The ADEC's UST database will be updated with information listed in this inspection report and the attached revised facility tank web printout, unless additional forms are required by regulation.

I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. As well, I have no significant financial interest with UST Facility # 518 (fill in).

Print Name: Paul Redersen

Signature: [Signature]

E-Mail: im4god@gci.net

Phone: (907)-644-4600

Inspector ID #: 562 Date: 8/28/05

Leak Detection Probation Agreement:

I have been hired to perform leak detection probation inspector duties listed on the LD Record Keeping Fact Sheet as applicable.

Probation Due Date: _____

Initial/Date: _____

If different Certified Inspector (than above) identify:

Inspector Name/ID #: _____

Signature/Date: _____

I, the Owner/Operator (circle one), have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations. All applicable pages are initialed and included in this submittal.

Print Name: _____

Signature: _____

E-Mail: _____

Phone: _____ Date: _____

Leak Detection Probation Agreement:

I agree to comply with leak detection probation as described on the LD Record Keeping Fact Sheet as applicable to this facility.

Signature: _____

Date: _____

Please return original form no later than September 30 of the year inspection is due to:

ADEC, Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501
907-269-7600 (fax)

Inspector's Initials [Signature]
Date 8/28/05

(4/04 Version)
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Owner/Operator's Initials [Signature]
Date: 8-28-05

Facility ID No. _____ Facility Name _____

Section 8: Addendum

Only use this section to note any corrections that were made **after the initial inspection** that would affect whether or not a UST would pass or fail. List each corrected item separately. Use additional copies of this page if necessary.

Item 1.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

Item 2.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

Item 3.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

Item 4.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

**Please return original form no
later than September 30 of the
year inspection is due to:**

**ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501**

Questions? Call ADEC at 1-800-478-4974 (in Alaska only)

E-mail: UST@dec.state.ak.us

Internet: <http://www.state.ak.us/dec/spa/ipp/tanks.htm>

Inspector's Initials _____

Date 8/28/05

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Owner/Operator's Initials _____

Date: 2-8-05



Cathodic Protection Test

This form is to be used in conjunction with a third party UST inspection or for an independent cathodic protection test. Another form may be used if it contains the same information.

Facility Name: Soldotna Y Chevron	Owner Name: Fred R. Hammon
Location Address: 44024 Sterling Hwy	Mailing Address: 41364 Aksala Lane
City: Soldotna	City, State, Zip: Soldotna, Alaska 99669
Phone: (907)-262-2416	Phone: (907)-262-4513
Operator Name: Fred R. Hammon	Mailing Address for Tags (if different)
Phone: (907)-262-4513	Name: Same as Facility
Fax: (907)-262-6537	Address
E-mail:	City, State, Zip

Weather Conditions:	Soil/Backfill Conditions (circle all that apply):
Temperature:	Moist Dry Sand Gravel Soil

Minimum Requirements Checklist

- ☒ Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings. For impressed current systems include structure to soil native potential readings and rectifier amp and voltage settings.
- ☒ Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspectors comments and observations. For impressed current systems, review the record for previous rectifier amp and voltage readings and record current readings.
- ☒ Provided site diagram with testing locations properly marked.
- ☐ Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
- ☒ Conducted structure to soil potentials on all protected tanks, piping, and flex connectors at a minimum of three per tank: one along the centerline, and one at either end. For each product line, tested above piping at the ends and middle (away from anode locations). Conduct additional tests on long piping runs.
- ☐ For impressed current system, conducted structure to soil potentials for rectifier instant off readings. For polarization readings not meeting the -850 mV instant-off requirement, tested for 100 mV polarization decay.
- ☐ For impressed current system, checked rectifier operation and current to anodes at any junction boxes in system. Asked owner if any physical changes have been made at site since installation.
- ☒ Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

Cathodic Protection System Certification

I have completed this form including the above checklist and certify the cathodic protection system is operating according to its design standards and is providing cathodic protection to the tanks and product lines:

[X] Yes [] No

Signature of Tester Paul Pedersen

Print name of tester Paul Pedersen

Date 8/28/05

UST Worker # (PE stamp for corrosion expert) 562

Mail form to:

ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501

Questions? Call ADEC at 1-800-478-4974 (in Alaska only), email UST@dec.state.ak.us, or see our web page at

<http://www.state.ak.us/dec/spar/pp/tanks.htm>

Inspector's Initials PP

Date 8/28/05

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Page 1

Owner/Operator's Initials F.R.H.

Date: 8/28/05

Facility ID #: 518Facility name: SoldotnaChevron**Site Diagram**

Sketch the facility below showing tanks, piping, buildings, vent lines and dispenser islands. Include all surface openings to tanks for pumps, fill pipes, tank monitoring, etc. Provide tank identification. On the diagram identify reference cell test locations with an "R" and a sequential number (R1, R2, etc.). Do the same for structure locations using "S" (S1, S2, etc.). You do not need to add continuity readings on the site diagram

When taking structure to soil potential readings, the reference cell must be as close to the structure as possible and be in direct contact with the soil or backfill material around the tank and piping. For tank potential readings, soil or backfill may be accessed through openings for pump risers, tank monitors, etc. directly above tank when available. Permanent cathodic protection monitoring stations providing access to soil or backfill may need to be established through concrete or asphalt paving above tank and piping. Do not take structure to soil potential readings with the reference cell directly on concrete or asphalt paving. Potential readings made in this manner are not valid and will not be accepted.

COMPARE PAST CATHODIC PROTECTION SYSTEM SUREVY RESULTS WITH CURRENT READINGS TAKEN AT THE SAME LOCATION. LOOK FOR TRENDS.

Refer to Map on Inspection
Page for test locations.

"Reference Cell Reading Comparable
to last test."

Rectifier Readings (for impressed current system only)

Design settings: Amperes _____ Volts _____

Current readings: Amperes _____ Volts _____

Initial Tap Settings _____

If adjusted, Final Tap Settings _____

Comments:

Reason for Tap Setting Adjustment:

Inspector's Initials PNDate 8/28/05

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Page 2

Owner/Operator's Initials: [Signature]Date: 2605

Soldotna Chevron

Tank ID #	Reference Cell * Location (describe)	Measurement in millivolts (mV)	Structure Contact Point (check for each)		Comments (Pass, Fail, etc.)
			Test Station	Tank Bottom	
Tank # 5	A. next to tank	-1.090	X		Reading from reference cell at
	B. Soil under test cover	-1.643	X		Test station
	C.				

Tank #	A.				
	B.				
	C.				

Tank # _____	A.				
	B.				
	C.				

Tank #	A.				
	B.				
	C.				

Pipe #	A.				
	B.				
	C.				

Pipe #	A.				
	B.				
	C.				

Pipe # _____	A.				
	B.				
	C.				

Tank # or Pipe #	Structure Contact Point (describe)	Reference Cell * Location (describe) (3 per tank)	Current on Voltage (mV)	Instant Off Voltage (mV)	Final Voltage (mV)	Voltage Decay (Instant Off Minus Final)	Comments (Pass, Fail etc.)

Owner/Operator's Initials: [Signature]
Date: 2-6-85

Facility ID #: 518 Facility name: Soldotna Chevron

Continuity Measurements (Required for Impressed Current, As Needed for Galvanic)
Select which method used and then fill out

Fixed Reference, Moving Ground Method


Tank ID	Reference Cell * Location (Describe)	Contact Point (Describe)	Voltage (mV)	Comments: Continuous, Isolated
Tank # _____				
Tank # _____				
Tank # _____				
Tank # _____				

Structure to Structure Method

Tank ID #	Structure Contact Point (check for each tank)		Second Point of Contact ** (describe)	Voltage (mV)	Comments: Continuous or Isolated
	Test Station	Tank Bottom			
Tank # _____					
Tank # _____					
Tank # _____					
Tank # _____					

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill buckets, open earth near the tank, or open earth 30 feet from the tank.

** Second Point of Contact can include any metal object that may have dielectric contact with the tank including product piping, vent or fill pipe risers, leak detection devices, etc.

Inspector's Initials 
 Date 8/28/05

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 Page 4

Owner/Operator's Initials: 
 Date: 9-2-05



Operations Inspection Report 2005



Instructions: Only a person currently certified by the State of Alaska in UST Inspection may fill out this form. Detailed instructions on how to fill out this form is provided in ADEC's "UST Operations Inspector Reference Handbook" which is available at <http://www.state.ak.us/dec/spar/guidance.htm#formsust>. Use a second form for facilities with more than 4 tanks.

Section 1: General Information

Facility Name: Soldotna Y Chevron			Owner Name: Fred Hammon		
Location Address: 44024 sterling hwy			Mailing Address: 41364 Aksala lane		
City: Soldotna			City, State, Zip: Soldotna, Ak 99669		
Phone: (907) 262-2416			Phone: (907)-262-4513		
operator Name: Fred Hammon			Mailing Address for Compliance Tags:		
Phone: (907) 262-4513			Name: Send to Facility address		
Fax: (907)-2626537			Address		
E-mail			City, State, Zip		
ADEC Facility ID Number:	Date of Inspection:	Inspector Name and Worker #:	All applicable tanks registered?	Current UST Compliance Tag visible to delivery driver?	ADEC web database printout indicates proof of Financial Responsibility met?
518	28 Aug. 05	Paul Pedersen #562	[X] Yes [] No	[X] Yes [] No	[X] Yes [] No <small>If no, attach FR proof to this form.</small>

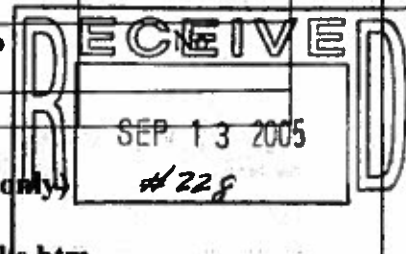
Print out and attach ADEC facility tank information from the web database. Redline and initial corrections to tank information. Fill out the tank number for each tank but only use the ADEC Tank ID numbering system.

Tank and Piping (ADEC ID#)	Tank # 6	Tank # 7	Tank # 8	Tank # 9
Owner Tank ID # (if different)	4	3	2	1
Status (Active or Temp. out of use)	Active	Active	Active	Active
Capacity (Gallons)	10,000	6,000	6,000	1,500
Product (Specify type)	Gasoline	Diesel	Gasoline	Diesel
Tank Construction Material	Steel	Steel	Steel	Steel
Compartment Tank (Yes/No, If Yes, list each compartment separately)	No	No	No	No
Double-Wall Tank (Yes/No)	No	No	No	No
Piping Type (Suction or Pressurized)	Pressurized	Pressurized	Pressurized	Suction
Outer Wall Pipe Construct. Material	Steel	Steel	Steel	Steel
Double-Wall Piping (Yes/No)	No	No	No	No
Multiple Pipe runs per tank (Yes/No, if Yes, explain on map)	Yes	No	Yes	No
Emergency Power Generator UST (Yes/No)	No	No	No	

Questions? Call ADEC at 1-800-478-4974 (in Alaska only)

E-mail: ust@dec.state.ak.us

Internet: <http://www.state.ak.us/dec/spar/ipp/tanks.htm>



Please return original form
no later than September
30 of the year inspection is
due to:

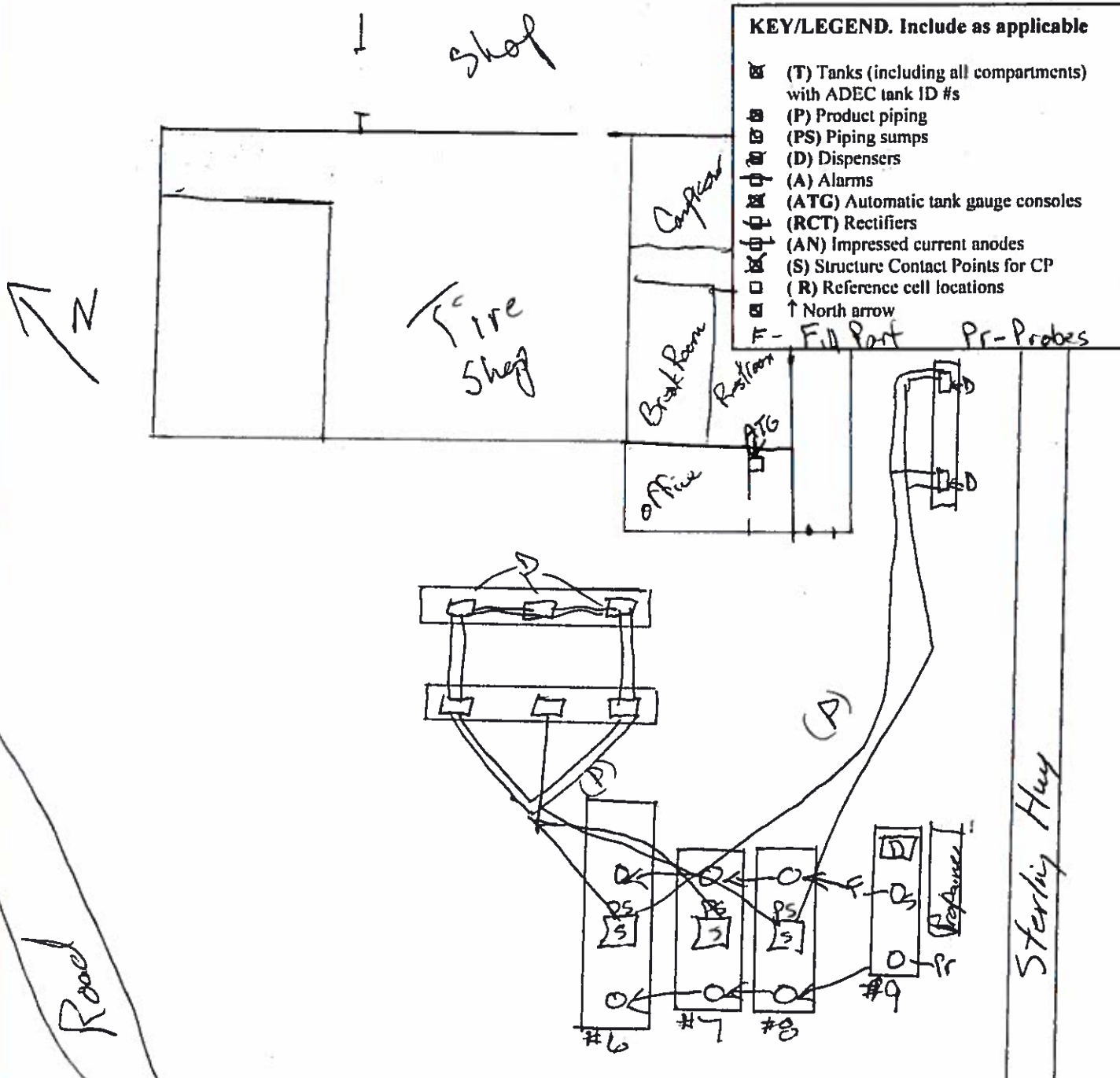
ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501

Inspector's Initials
Date 8/28/05

(4/04 Version)
Page 1

Owner/Operator's Initials:
Date: 8/28/05

Sketch: Draw a basic layout of the UST system.



Section 2: Tank Temporarily Closed or Taken Out of Service

Fill out this section for any tank that is "temporarily closed" (contains product, out of use) or "taken out of service" (empty, out of use). A complete inspection of these tanks is required. This section does not apply to a tank that is currently in use or permanently out of use.

Answer all with Yes or No	Tank #	Tank #	Tank #	Tank #
Tank Contains less than 1" of product				
Tank vented and fill pipe locked				
Date temp. closed or taken out of service (Month/Day/Year)				

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Page 2

Owner/Operator's Initials:
Date: 8-28-05

Facility ID #: 518

Facility name: Soldotna Chevron

Structure to Soil Potential Measurements (Galvanic Systems Only)

Tank ID #	Reference Cell * Location (describe)	Measurement in millivolts (mV)	Structure Contact Point (check for each)		Comments (Pass, Fail, etc.)
			Test Station	Tank Bottom	
Tank # 6	A. W side	-861	pp-2		Pass
	B. S end	-857	pp-2		Pass
	C. S end probe cover	-863	pp-2		Pass
Tank # 7	A. N end	-1.103	PP-2		Pass
	B. S end	-871	pp-2		Pass
	C.S end Probe Cover	-877	pp-2		Pass
Tank # 8	A. E side	-887	pp-2		Pass
	B. Turbine sump	-1.094	pp-2		Pass
	C. S end Probe cover	-944	pp-2		Pass
Tank # 9	A. N end	-879	pp-2		Pass
	B. E side	-975	pp-2		Pass
	C. S end	-852	pp-2		Pass
Pipe # 6	A. N of tank	-872	Piping sump		Pass
	B. Far dispenser	-1.064	Piping sump		Pass
	C.				
Pipe # 7	A. N of tank	-852	Piping sump		Pass (Short pipe)
	B.				
	C.				
Pipe # 8&9	A. N of tank	-870	Piping sump		Pass
	B. Far dispenser	-1.084	Piping sump		Pass
	C. #9 under dispenser	-889	Pipe under dis.		Pass (Short Pipe)

Instant Off or 100 Millivolt Polarization Decay Measurements (Impressed Current Only)

Tank # or Pipe #	Structure Contact Point (describe)	Reference Cell * Location (describe) (3 per tank)	Current on Voltage (mV)	Instant Off Voltage (mV)	Final Voltage (mV)	Voltage Decay (Instant Off Minus Final)	Comments (Pass, Fail etc.)

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill buckets, open earth near the tank, or open earth 30 feet from the tank.

Inspector's Initials FP
Date 8/28/05

(4/04 Version)
Page 3

Owner/Operator's Initials:
Date: 26/05

Facility ID #: 518 Facility name: Soldotna Chevron

Continuity Measurements (Required for Impressed Current, As Needed for Galvanic)
Select which method used and then fill out

Fixed Reference, Moving Ground Method


Tank ID	Reference Cell * Location (Describe)	Contact Point (Describe)	Voltage (mV)	Comments: Continuous, Isolated
Tank # _____				
Tank # _____				
Tank # _____				
Tank # _____				

Structure to Structure Method

Tank ID #	Structure Contact Point (check for each tank)		Second Point of Contact ** (describe)	Voltage (mV)	Comments: Continuous or Isolated
	Test Station	Tank Bottom			
Tank # _____					
Tank # _____					
Tank # _____					
Tank # _____					

* The reference cell must be in contact with soil. Use the area around the riser pipes, vent pipes, fill buckets, open earth near the tank, or open earth 30 feet from the tank.

** Second Point of Contact can include any metal object that may have dielectric contact with the tank including product piping, vent or fill pipe risers, leak detection devices, etc.

Inspector's Initials 
 Date 8/28/05

(4/04 Version)
 Page 4

Owner/Operator's Initials: 
 Date: 9-5-05



Cathodic Protection Test

This form is to be used in conjunction with a third party UST inspection or for an independent cathodic protection test. Another form may be used if it contains the same information.

Facility Name: Soldotna Y Chevron	Owner Name: Fred G. Hammon
Location Address: 44024 Sterling hwy	Mailing Address: 41364 Aksala Lane
City: Soldotna	City, State, Zip: Soldotna, AK 99669
Phone: (907)-262-4513	Phone: (907)-262-4513
Operator Name:	Mailing Address for Tags (if different)
Phone: (907)-262-4513	Name: Send to facility address
Fax: (907)-262-6537	Address
E-mail:	City, State, Zip

Weather Conditions: Sunny

Temperature: 65*

Soil/Backfill Conditions (circle all that apply):

Moist (Dry) Sand Gravel (Soil)

Minimum Requirements Checklist

- ☐ Reviewed the cathodic protection system's design: location of tanks, lines, anodes, testing locations, and structure to soil potential readings. For impressed current systems include structure to soil native potential readings and rectifier amp and voltage settings.
- ☐ Reviewed record of previous cathodic protection system inspection: tank to soil potential readings, test locations, and previous inspectors comments and observations. For impressed current systems, review the record for previous rectifier amp and voltage readings and record current readings.
- ☐ Provided site diagram with testing locations properly marked.
- ☐ Tested the system for electrical continuity: tanks, product lines, flex connectors, vent lines, conduit and other tank system equipment.
- ☐ Conducted structure to soil potentials on all protected tanks, piping, and flex connectors at a minimum of three per tank: one along the centerline, and one at either end. For each product line, tested above piping at the ends and middle (away from anode locations). Conduct additional tests on long piping runs.
- ☐ For impressed current system, conducted structure to soil potentials for rectifier instant off readings. For polarization readings not meeting the -850 mV instant-off requirement, tested for 100 mV polarization decay.
- ☐ For impressed current system, checked rectifier operation and current to anodes at any junction boxes in system. Asked owner if any physical changes have been made at site since installation.
- ☐ Provided written explanation to the site owner on the cathodic protection systems operating status, recommendations, and any repairs and attached it to this form.

Cathodic Protection System Certification

I have completed this form including the above checklist and certify the cathodic protection system is operating according to its design standards and is providing cathodic protection to the tanks and product lines:

[X] Yes [] No

Signature of Tester

Print name of tester

Paul Pedersen
Paul Pedersen

Date

8/28/05

UST Worker # (PE stamp for corrosion expert) 562

Mail form to:

ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501

Questions? Call ADEC at 1-800-478-4974 (in Alaska only), email UST@dec.state.ak.us, or see our web page at

<http://www.state.ak.us/dec/spar/ppp/tanks.htm>

Inspector's Initials

Date 8/28/05

PD

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Page 1

Owner/Operator's Initials:

Date: 8/28/05

Facility ID #: 518

Facility name:

Soldotn

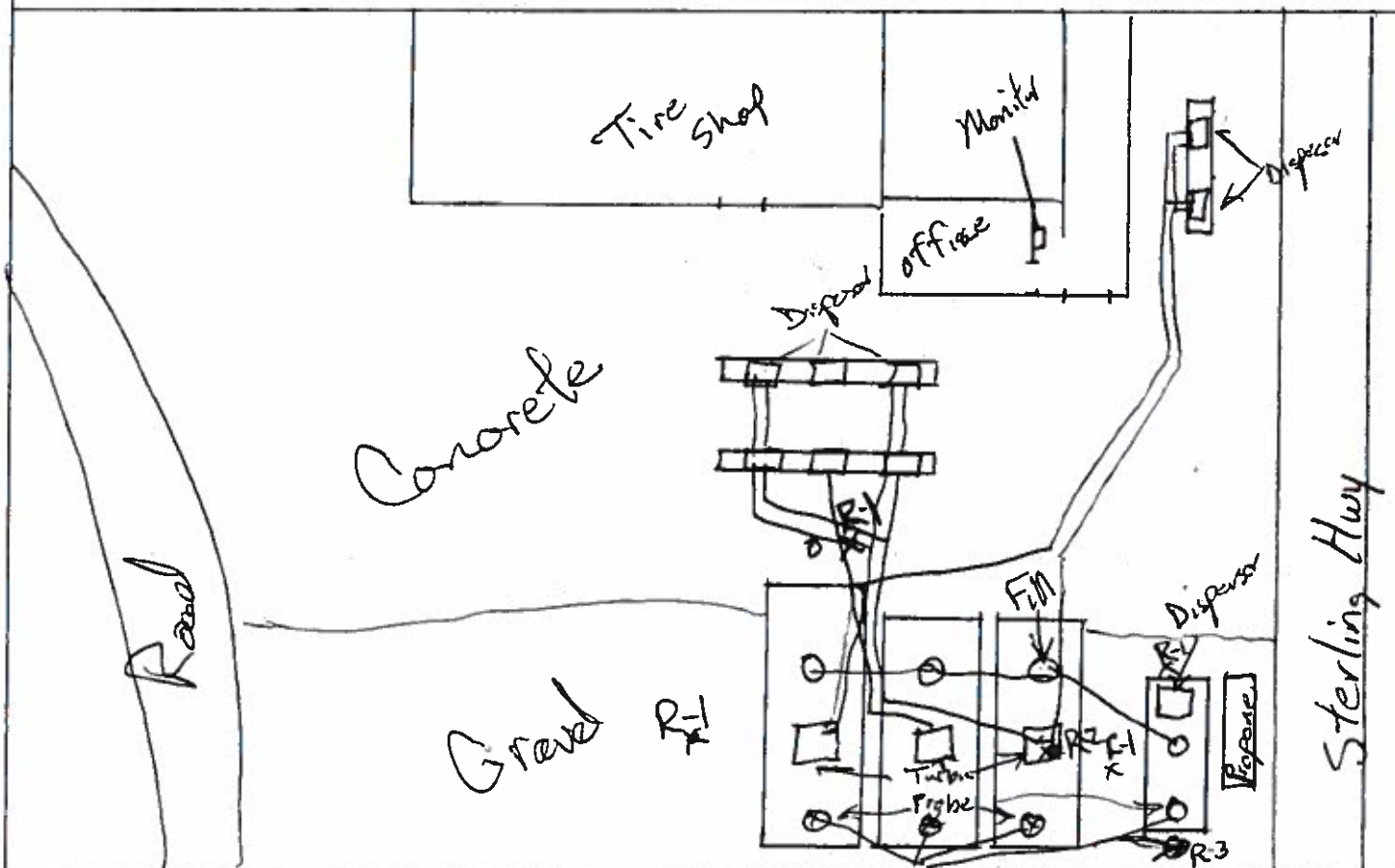
Chevron

Site Diagram

Sketch the facility below showing tanks, piping, buildings, vent lines and dispenser islands. Include all surface openings to tanks for pumps, fill pipes, tank monitoring, etc. Provide tank identification. On the diagram identify reference cell test locations with an "R" and a sequential number (R1, R2, etc.). Do the same for structure locations using "S" (S1, S2, etc.). You do not need to add continuity readings on the site diagram

When taking structure to soil potential readings, the reference cell must be as close to the structure as possible and be in direct contact with the soil or backfill material around the tank and piping. For tank potential readings, soil or backfill may be accessed through openings for pump risers, tank monitors, etc. directly above tank when available. Permanent cathodic protection monitoring stations providing access to soil or backfill may need to be established through concrete or asphalt paving above tank and piping. Do not take structure to soil potential readings with the reference cell directly on concrete or asphalt paving. Potential readings made in this manner are not valid and will not be accepted.

COMPARE PAST CATHODIC PROTECTION SYSTEM SUREVY RESULTS WITH CURRENT READINGS TAKEN AT THE SAME LOCATION. LOOK FOR TRENDS.



Rectifier Readings (for impressed current system only) R-3

Design settings: Amperes _____ Volts _____

Current readings: Amperes _____ Volts _____

Initial Tap Settings

If adjusted, Final Tap Settings

Comments:

Reason for Tap Setting Adjustment:

Inspector's Initials
Date 8/28/05

(4/04 Version)
Page 2

Owner/Operator's Initials:
Date: 2-6-85

Section 3: Release Detection Summary

Operation and Maintenance for a repair.

	Tank/Pipe # 6	Tank/Pipe # 7	Tank/Pipe # 8	Tank/Pipe # 9
Has tank/piping been repaired? (Yes/No)	No	No	No	No
Was the UST system tightness tested or internally inspected within 30 days of repair (or is the UST system doing monthly monitoring)? (Yes/No/Not applicable)	NA	NA	NA	NA


Suspected Release Notification.

	Tank/Pipe # 6	Tank/Pipe # 7	Tank/Pipe # 8	Tank/Pipe # 9
Has tank/piping had two consecutive months of non-passing (fail, inconclusive, invalid,...) leak detection results? (Yes/No)	No	No	No	No
Reported to ADEC as a suspected release and investigated? (Yes/No/Not applicable)	NA	NA	NA	NA

This section indicates the method or methods of release detection present. Proceed to the section noted in the last column. Emergency power generator UST systems and taken out of service (empty) UST systems are exempt from release detection.

Tank Method	Indicate primary (P) method and, if applicable, secondary (S) method for each tank				Using primary method, proceed to section:
	Tank # 6	Tank # 7	Tank # 8	Tank # 9	
Automatic Tank Gauging					3.a.
Continuous In Tank Leak Detect system	P	P	P	P	3. b.
Interstitial Monitoring					3.c.
Inventory Control and Tightness Testing					3.d. (page 7 only) and 3.e.
Statistical Inventory Reconciliation					3.d (pages 7and 8)
Manual Tank Gauging					Refer to ADEC InspectHandbk
None needed-Explain					NA

Pipe Method: fill out for each separate pipe run.	Indicate primary (P) method and, if applicable, secondary (S) method for each pipe run				Using primary method, proceed to section:
	Pipe # 6	Pipe # 7	Pipe # 8	Pipe # 9	
Pressurized piping only [stand-alone sump sensors not allowed per 18AAC 78.070(b)]					
Automatic line leak detector (ALLD) (3 gph) and double-wall pipe with liquid sump sensor					3.c and 3.h
ALLD(3 gph) and double-wall pipe with manual interstitial monitoring					3.c and 3.h
ALLD that can perform 3 gph continuous plus 0.2 gph/ month (electronic).					3.f and 3.h
ALLD (3 gph) and annual line tightness test	P	P	P		3.e.and 3.h
Other combination (Explain)					
ALLD (3 gph) and SIR monthly					3.d and 3.h
Suction piping only					
Line tightness test every 3 years					3.e.
Interstitial monitoring, electronic or manual					3.c.
Statistical Inventory Reconciliation (SIR)					3.d.
Safe Suction				P	3.g
None needed (Explain)					NA

Inspector's Initials 
Date 8/28/05

(4/04 Version)
Page 3

Owner/Operator's Initials: 
Date: 9-6-05

Section 3.a. Automatic Tank Gauging (Tank Only)

#	Fill out 1-3. Answer Yes or No for 4-12.	Tank #__	Tank #__	Tank #__	Tank #__
1	Console Make and Model				
2	Probe Type Model- Fill out for each tank.				
3	Frequency ATG performs test				
4	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
5	System setup reviewed and proper settings confirmed correct. Verification all probes functioning.				
6	Monitoring panel or control box is present and working.				
7	Tank is filled to proper capacity (____%) and test run for proper duration of time (____ hours) for last 2 months.				
8	Owner's manual for console and probes is available at site.				
9	Verification that console and probe are third party approved and on the NWGLDE list for ATG*. Meets minimum performance standards, with the probability of detection set at ____% and the probability of false alarm set at ____%.				
10	Monthly release detection records are available for last 12 months (8 of 12 results must be passing.) No two consecutive months of inconclusive readings. **				
11	Existing release detection results show no evidence of a release.				
12	ATG checking portion of tank that routinely contains product.				
ATG passes inspection. Questions 4-9, 11 and 12 are all Yes. Question 10 see LD Recordkeeping Fact Sheet.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

**If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet.*

**** See LD Recordkeeping Fact Sheet**

Deficiencies:

Further Recommendations:

Inspector's Initials *AB*
Date 8/28/05

(4/04 Version)
Page 4

Owner/Operator's Initials: *26-ES*
Date:

Section 3.b. Continuous In Tank LD System (CITLDS) (Tank Only)

#	Fill out 1-2. Answer Yes or No for 4-11.	Tank # 6	Tank # 7	Tank # 8	Tank # 9
1	Console Make and Model	EBW autostik	EBW autostik	EBW autostik	EBW autostik
2	Probe Model. Fill out for each tank.	Mag 960	Mag. 960	Mag 960	Mag. 960
3	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).	Yes	Yes	Yes	Yes
4	System setup reviewed and proper settings confirmed correct. Verification all probes functioning.	Yes	Yes	Yes	Yes
5	Monitoring panel or control box is present and working.	Yes	Yes	Yes	Yes
6	Owner's manual for console and probes is available at site.	Yes	Yes	Yes	Yes
7	Verification that console and probe are third party approved and on the NWGLDE list for CITLDS.* Meets minimum performance standards, with the probability of detection set at 99.9% and the probability of false alarm set at 0.01%.*	Yes	Yes	Yes	Yes
8	Monthly release detection records are available for last 12 months (8 of 12 results must be passing.) No two consecutive months of inconclusive readings. **	No	No	No	No
9	Existing release detection results show no evidence of a release.	Yes	Yes	Yes	Yes
10	CITLDS checking portion of tank that routinely contains product.	Yes	Yes	Yes	Yes
CITLDS passes inspection. Questions 3-7, 9 and 10 are all Yes. Question 8 see LD Recordkeeping Fact Sheet.		Pass	Pass	Pass	Pass


Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

**If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet.*

*** See LD Recordkeeping Fact Sheet*

Deficiencies: *They are missing 2 months of records (Feb. 05 & June 05) All others are passing which meets the 8 of 12 passes.*

Further Recommendations: *Keep up on the leak detection records for all months to know that you are not having a loss into the environment.*

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Section 3.c Interstitial Monitoring (Tank and Piping)

#	As appropriate, fill in or answer with a Yes or No for each tank and pipe	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #
	Liquid (Brine) or Gas (Empty) Filled								
Manual System Only									
1	Equipment (calibrated stick and written log) is accessible and functional.								
2	Interstitial space monitored in appropriate position.***								
Electronic System Only									
3	Console make/ model								
4	Sensor make/model								
5	Console and sensor on NWGLDE list*								
6	Type of interstitial sensor (ie Liquid, Discriminating, Pressure) List each if different.								
7	Monitoring console is operational.								
8	Interstitial sensor visually inspected, functionally tested, and confirmed operational.								
9	Interstitial space monitored in appropriate position.***								
10	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).								
Summary									
11	Monthly release detection records are available for last 12 months (8 of 12 must be passing.) **								
12	No evidence of liquid in sump or interstitial space of air filled system. No evidence of loss or gain of brine in brine filled system. Operation of partial vacuum or over pressure system is within manufacture design specifications.								
13	Existing release detection results show no evidence of a release.								
14	No visible leaks or holes in secondary containment.								
Interstitial Monitoring passes inspection. Questions 1, 2, and 12-14 are Yes for Manual. Questions 5, 7-10 and 12-14 are Yes for Electronic. Question 11 see LD Recordkeeping Fact Sheet.									

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

* If not, see Certification of Performance Standards for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet.

***Monitor interstitial space is lowest point of secondary containment for gas filled or highest point of secondary containment for brine filled and positioned so that other equipment will not interfere with its proper operation. See manufacture specifications and NWGLDE listing limitations for continual partial vacuum or overpressure interstitial monitoring.


Special note for tanks with secondary barriers as the sole source of release detection for tanks.
Please refer to the Operator Inspector Handbook for a summary of special requirements.

Deficiencies: _____

Further Recommendations: _____

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Section 3.d. Inventory Control (Tank Only) and/or Statistical Inventory Reconciliation (Tank and Piping)

Fill out this section if tank uses Inventory Control alone or Inventory Control combined with SIR.

#	As appropriate, Answer Yes or No	Tank # ____	Tank # ____	Tank # ____	Tank # ____
1	Readings recorded daily (when operating).				
2	Inventory records are reconciled monthly.				
3	Appropriate calibration chart is used for calculating volume to nearest 1/8".				
4	Stick readings logged before and after each delivery.				
5	Gauge stick is marked so the owner is capable of determining product level to the nearest 1/8".				
6	Stick capable of measuring full height of tank.				
7	Monthly water readings checked to the nearest 1/8" and used in calculating inventory balances.				
8	Fill drop tube observed.				
9	Each dispensing is metered and recorded within local standards for meter calibration. Date meter calibrated				
10	Total monthly overages or shortages are less than 130 gallons + 1% of tank's flow through (sales) volume for the last 12 months.				
11	Last 12 months of inventory data available. No two consecutive months of inconclusive readings. (8 of 12 must be passing.) **				
12	Existing release detection results show no evidence of a release. No water intrusion.				
Inventory Control Passes Inspection. Questions 1 through 10 plus 12 are Yes. Question 11 see LD Recordkeeping Fact Sheet.					
If using Statistical Inventory Reconciliation (SIR), also fill Section 3.d on page 8					
If using Inventory Control only, also fill out Tightness Testing section 3.e on page 8					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See LD Recordkeeping Fact Sheet.

Deficiencies:

Further Recommendations:

Special note for tanks with Manual Tank Gauging as the sole source of release detection.

Please refer to the Operator Inspector Handbook for a summary of special requirements.

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| | Applicable
[X] Not Applicable

Section 3.d. Statistical Inventory Reconciliation (Tank and Piping)

Fill out this section if you use tank and/or pipe uses Statistical Inventory Reconciliation (SIR).

As appropriate Fill in and Answer Yes or No for each tank	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #
13 SIR method on NWLDE list. Method Name:								
14 If applicable, SIR method is approved for piping on evaluation summary (NWGLDE list.)	NA		NA		NA		NA	
15 No two consecutive inconclusive results in the last 12 months prior to inspection. Explain below if No (8 of 12 months be passing) **								
16 Existing release detection results show no evidence of a release.								
17 SIR results received by owner from vendor within 30 days of submittal of data.								
18 SIR results indicate sufficient amount of data was used to perform leak check.								
Statistical Inventory Reconciliation (SIR) Passes Inspection. Questions 1 through 12 plus 13, 14, and 16-18 are all Yes. Question 15 see LD Recordkeeping Fact Sheet.								

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

** See LD Recordkeeping Fact Sheet.

Deficiencies:

Further Recommendations:

Section 3.e Tightness Testing (Tanks and Piping)

Fill out this section if tank and/or or pipe used periodic tightness testing

[X] Applicable
| | Not Applicable

#	As appropriate fill in and answer Yes or No for each tank and pipe	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #	Tank #	Pipe #
1	Test method on NWLDE list as a 0.1 gph tightness test. Method Name: <u>Estabruk</u>		Yes		Yes		Yes		
2	Tightness test performed by Alaska certified tester (UST Worker Name and #: John Carolan #461)		Yes		Yes		Yes		
3	Last tightness test results available and passed (shows no evidence of release). ATTACH A COPY		Yes		Yes		Yes		
4	Tightness testing is conducted within specified time frames for method (every 5 years for tanks doing Inventory control; annually for pressurized piping; every 3 years for non-exempt suction piping).		No		No		No		
5	Still eligible for combination of Inventory Control and TTT. Expiration date is:		NA		NA		NA		
	Tightness Testing passes inspection. Questions 1-5 are all Yes. Attach copy of tightness test.		Fail		Fail		Fail		

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum.

Deficiencies: The piping was not tested annually, but was tested in 2002 and passed and tested early Aug. 2005 and has passed.

Further Recommendations: Owner was not aware of the need for annual testing and now has been informed of the regulations and will plan on this being done yearly.

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Section 3.f Monthly Line Leak Detectors

[] Applicable

[X] Not applicable

#	As appropriate Fill in and Answer Yes or No for each tank	Pipe #__	Pipe #__	Pipe #__	Pipe #__
1	Console make/model number.				
2	Leak detector make/model number.				
3	Is the equipment on the NWGLDE list? *				
4	Automatic Shut-Off Device (S-O) Restrictor (R) Audible or Visible Alarm (A)				
5	Device is performing and operational (check all that apply) 3.0 gph @ 10 psi (complete Section 3.h); 0.2 gph; 0.1 gph.	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph	[] 3.0 gph [] 0.2 gph [] 0.1 gph
6	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks, calibration, etc.) in addition to limitations listed on evaluation summary (NWGLDE list).				
7	Release detection records are available for last 12 months (8 of 12 must be passing.) **				
8	Line Leak Detector shows no evidence of release.				
Pass inspection- Monthly Line Leak Detectors: Questions 3, 5, 6, and 8 are Yes. Question 7 see LD Recordkeeping Fact Sheet.					

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

*If no see ADEC Certification of Performance for UST LD Equipment Fact Sheet.

** See LD Recordkeeping Fact Sheet.

Deficiencies:

Further Recommendations:

[X] Applicable

[] Not Applicable

Section 3.g. Safe Suction (Suction Piping Only)

Fill out this section to verify that the suction piping system does not require release detection.

#	Answer with Yes or No for each pipe	Pipe #__	Pipe #__	Pipe #__	Pipe # 9
1	The piping slope is back to the tank and operates under atmospheric pressure or less.				Yes
2	No more than one check valve is used.				Yes
3	The check valve is directly under the dispensing pump.				Yes
Safe Suction passes inspection. Questions 1, 2 and 3 are Yes.					Pass

Note: If the answer for 1, 2, or 3 is No, another type of release detection must be used and inspected. Then fill out the applicable section on piping release detection. List any problems noted during inspection. Corrections must be listed on an addendum page.

Deficiencies:

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[X] Applicable
 | | Not Applicable

Section 3.h. Automatic Line Leak Detectors (Pressurized Piping Only)



#	Describe type of equipment present. Answer questions 4-10 Yes or No	Pipe #_6_	Pipe #_7_	Pipe #_8_	Pipe #_
1	Mechanical or Electronic	Mechanical	Mechanical	Mechanical	
2	Make and Model (Vaporless)	99LD-2000	99LD-2000	99LD-2000	
3	Automatic Shut-Off Device (S-O) Restrictor (R) Audible or Visible Alarm (A)	(S-O)	(S-O)	(S-O)	
4	Is the equipment on the NWGLDE list? *	Yes	Yes	Yes	
5	Pass Operation Test in last 12 months prior to inspection: All ALLDs must pass an operation (function or performance) test in accordance with manufacturer's requirements annually. Attach copy of test. If ALLD on NWGLDE list is self-testing, mark this question NA and see question 10.	No	No	No	
6	Device is performing and operational at 3.0 gph @ 10 psi	Yes	Yes	Yes	
7	Device is calibrated, operated, and maintained per manufacturer's instructions (including service checks etc.) in addition to limitations listed on evaluation summary (NWGLDE list).	Yes	Yes	Yes	
8	Line Leak Detector shows no evidence of release.	Yes	Yes	Yes	
9	Is the entire piping system covered by the ALLD?	Yes	Yes	Yes	
10	For a self-testing electronic ALLD on the NWGLDE list that has not been tested annually, last record of passing 3.0 gph test result for each pipe is within the last 72 hrs. (Include copy of test/rpt or display reading.) If Question #5 is yes and test is attached this question may be marked NA.	NA	NA	NA	
Pass inspection-Questions 4, and 6-9 are Yes. As applicable, Question 5 or 10 is also Yes.		Fail	Fail	Fail	

Note: If the answer to any question is No, please explain below. List any problems noted during inspection. Note corrections on Addendum

*If no, see ADEC Certification of Performance for UST LD Equipment Fact Sheet

Deficiencies: The leak detectors have not had there annual test performed prior to inspection or proof of annual Testing.

Further Recommendations: Owner is now aware of the need for annual testing and now has been informed of the regulations and will now plan on this being done yearly.

	Report all known or suspected spills or leaks Call your local ADEC Office Or call: 1-800-478-9300 after business hours	
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Section 4: Spill and Overfill Prevention

4.a. Spill Device

#	Answer Yes or No for each tank	Tank # 6	Tank # 7	Tank # 8	Tank # 9
1	Equipped with spill bucket.	Yes	Yes	Yes	Yes
2	Bucket clean and free of debris and water.	Yes	Yes	Yes	Yes
3	Bucket has no cracks or holes observed.	Yes	Yes	Yes	Yes
4	No abnormalities observed in fill pipe. (No bent drop tubes, no cracks or holes observed in fill pipe especially at connection to tank and spill device.	Yes	Yes	Yes	Yes
5	Spill device not required. Tank that receives less than 25 gallons of petroleum per delivery is not required to have a spill device.	NA	NA	NA	NA
Spill device passes inspection. Questions 1 through 4 are Yes. Or spill device not required.		Pass	Pass	Pass	Pass

Note: If the answer to questions 1-4 is No, explain below. List any problems noted during inspection. Note corrections on Addendum.

4.b. Overfill Device


#	Describe type of equipment present. As appropriate, answer questions 3-8 Yes or No	Tank # 6	Tank # 7	Tank # 8	Tank # 9
1	Overfill device present (list all present): Automatic Shutoff (AS), Ball Float Valve (BFV), High Level Alarm (HLA), Other Describe	(AS)	(AS)	(AS)	(AS)
2	Indicated delivery method (gravity or metered flow)	Gravity	Gravity	Gravity	Metered
3	Owner/operator ensures releases due to spilling or overfilling do not occur. For example, product is measured prior to each delivery to ensure enough room in tank for product; all fuel deliveries are monitored.	Yes	Yes	Yes	Yes
4	Visually observed overfill device housing, documentation of install provided, OR certification from service provider attesting to overfill device operability provided.	Yes	Yes	Yes	Yes
5	Overfill device not required. Tank that receives less than 25 gallons of petroleum per delivery is not required to have an overfill device.	NA	NA	NA	NA
Automatic shut-off only					
6	Visual observation indicated no obstruction in the drop tube that would render the shut-off device ineffective.	Yes	Yes	Yes	Yes
Ball Float Valve and Vent Restrictor					
7	Compatible with UST system configuration, delivery, and use. *****				
External high level alarm only					
8	Alarm tested and functioning properly at 90% and is audible or visible to the driver at the point of transfer.				
Overfill device passes inspection. Question 3, and 6, 7, or 8 (as applicable) are Yes. Or overfill device not required.		Pass	Pass	Pass	Pass

Note: If the answer to any questions is No, explain below. List any problems noted during inspection. Note corrections on Addendum.

***** Ball float valves must be removed to pass inspection if the conditions listed in 18 AAC 78.040(e) exist. 18 AAC 78.040(e) If a UST system has one or more of the following, the owner or operator of the system shall not use a ball float valve or a vent restrictor shut-off device on that system: (1) a tank that receives a pumped delivery; (2) suction piping with air eliminators; (3) remote fill pipes and gauge openings; (4) an emergency generator ...

Deficiencies:

Further Recommendations:

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Section 5: Corrosion Protection

Fill out this section even if the tank or piping is made of non-metallic construction material.


Buried metal tank and piping (which includes fittings, flex-connectors, ect.) must be isolated from soil or cathodically protected.

#	Check type of corrosion protection for each tank and pipe, and answer Yes, No, or NA for each tank and pipe	Tank #_6_	Tank #_7_	Tank #_8_	Tank #_9_
<input type="checkbox"/> Galvanic Cathodic Protection (Tank and Piping)					
1	Tank passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****	Yes	Yes	Yes	Yes
2	Pipe passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****	Yes	Yes	Yes	Yes
3	Record of last two cathodic protection tests on file with Owner or Operator.	No 1 on file	No 1 on file	No 1 on file	No 1 on file
4	Cathodic Protection system tested/inspected within 6 months of repair of UST system.	NA	NA	NA	NA
Galvanic Cathodic Protection passes inspection. Questions 1 and 2 are Yes.		Pass	Pass	Pass	Pass
<input type="checkbox"/> Impressed Current Cathodic Protection (Tank and Piping)					
5	System has power and is turned on. ****				
6	60-day log is present and filled out properly. ****				
7	Tank passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****				
8	Pipe passed test in accordance with NACE Standard RP-0285. (Fill out CP Test form and attach) ****				
9	Record of last two cathodic protection tests on file with Owner or Operator.				
10	Cathodic Protection system tested/inspected within 6 months of repair of UST system.				
Impressed Current Cathodic Protection passes inspection. Questions 4, 6 and 7 are Yes.					
<i>Note: If the answer to any question is No, explain below. List any problems noted during inspection, even those that were corrected.</i>					
<input type="checkbox"/> Internally Lined (Only Tanks with no CP):					
11	Internal liner passed required periodic inspection. (Liner only with no cathodic protection) ATTACH REPORT				
12	Date liner installed (Month/Day/Year)				
13	Date last inspection due. (Month/Day/Year)				
14	Next Inspection due date. (Month/Day/Year) (Liner only with no cathodic protection)				
<input type="checkbox"/> Non-Metal Construction Material: No CP Required					
15	Tank: Outer wall made of non-metallic material such as fiberglass or fiberglass clad steel.				
16	Pipe: Outer wall made of non-metallic material such as fiberglass or corrugated plastic.				

Notes: There was only records of C.P. test from prior inspection. As noted on prior inspection they are STP-3 tanks, with sacrificial anodes on piping

****If question 1-10 is no, prior to system repair or adjustment call ADEC.

IF TANK OR PIPE HAS CATHODIC PROTECTION ATTACH COMPLETED CP TEST FORM.

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Section 6: General Comments

Use this section to list additional comments not listed in the previous pages. (Attach another page as necessary.)
Owners/operators are required to report unusual operating conditions to DEC. Were any unusual operating conditions observed? (For example: For flexible piping, were any of the following conditions observed: swelling, elongation, kinking, wrinkling, blistering, delamination, softness, mold growth, or other abnormalities? Please attach (digital) photograph and describe.)

Failure was due to the piping not having annual testing done, but has been done this year and has passed testing. Recommend having next years test results sent in for LD probation on piping.

Section 7: Certification

Fill out the following:	Tank # <u>6</u>	Tank # <u>7</u>	Tank # <u>8</u>	Tank # <u>9</u>
Use these codes: P = Pass Inspection, F = Fail Inspection, NA = Not Applicable.				
Release Detection (Tank only)	P	P	P	P
Release Detection (Piping only)	F	F	F	F
Spill Device (Tank only)	P	P	P	P
Overfill Device (Tank only)	P	P	P	P
Corrosion Protection (Tank only)	P	P	P	P
Corrosion Protection (Piping only)	P	P	P	P
Passes Inspection (Pass/Fail only)	Fail	Fail	Fail	Fail
Tank Release Detection Record Keeping enter number of months with passing records **	12	12	12	12
Piping Release Detection Record Keeping enter number of months with passing records **	NA	NA	NA	NA

** Review Leak Detection Record Keeping Fact Sheet. Sign Leak Detection Probation Agreement.

The ADEC's UST database will be updated with information listed in this inspection report and the attached revised facility tank web printout, unless additional forms are required by regulation.

<p>I, the Certified Inspector, have performed this UST Inspection and believe the contents of this report to be true and accurate at the time of inspection. As well, I have no significant financial interest with UST Facility # <u>518</u> (fill in).</p> <p>Print Name: <u>Paul Pedersen</u></p> <p>Signature: <u>[Signature]</u></p> <p>E-Mail: <u>justand@sci.net</u></p> <p>Phone: <u>644-4600</u></p> <p>Inspector ID #: <u>562</u> Date: <u>8/28/05</u></p> <p>Leak Detection Probation Agreement:</p> <p>I have been hired to perform leak detection probation inspector duties listed on the LD Record Keeping Fact Sheet as applicable.</p> <p>Probation Due Date: <u>9-1-06</u></p> <p>Initial/Date: <u>PP 9-6-05</u></p> <p>If different Certified Inspector (than above) identify:</p> <p>Inspector Name/ID #: <u>Paul Pedersen #562</u></p> <p>Signature/Date: <u>[Signature] 9-6-05</u></p> <p>Please return original form no later than September 30 of the year inspection is due to:</p>	<p>I, the Owner/Operator (circle one), have read this Inspection Report and have been told the condition of my UST facility, including all deficiencies, corrections and recommendations. <u>All applicable pages are initialed and included in this submittal.</u></p> <p>Print Name: <u>FRED HAMMOND</u></p> <p>Signature: <u>[Signature]</u></p> <p>E-Mail: <u>[Blank]</u></p> <p>Phone: <u>262 4513</u> Date: <u>9-6-05</u></p> <p>Leak Detection Probation Agreement:</p> <p>I agree to comply with leak detection probation as described on the LD Record Keeping Fact Sheet as applicable to this facility.</p> <p>Signature: <u>[Signature]</u></p> <p>Date: <u>9-6-05</u></p> <p>ADEC, Storage Tank Program 555 Cordova Street Anchorage, Alaska 99501 907-269-7600 (fax)</p>
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Facility ID No. 518

Facility Name: Soldotna Y Chevr

Section 8: Addendum

Only use this section to note any corrections that were made **after the initial inspection** that would affect whether or not a UST would pass or fail. List each corrected item separately. Use additional copies of this page if necessary.

Item 1.

Date of Work: Aug. 27, 2005 Tank/Pipe #: 6,7,8 Work done by (Name): Paul Pedersen

Description of Work: Line leak detectors tested W/ vaporless testing equipment.

(Pass) / Fail Inspection (circle one) Worker ID# 562 Signature: _____ Date: Aug. 27, 05

Item 2.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

Item 3.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

Item 4.

Date of Work: _____ Tank/Pipe #: _____ Work done by (Name): _____

Description of Work: _____

Pass / Fail Inspection (circle one) Worker ID# _____ Signature: _____ Date: _____

**Please return original form no
later than September 30 of the
year inspection is due to:**

**ADEC Storage Tank Program
555 Cordova Street
Anchorage, Alaska 99501**

Questions? Call ADEC at 1-800-478-4974 (in Alaska only)

E-mail: UST@dec.state.ak.us

Internet: <http://www.state.ak.us/dec-par/gpp/tank.htm>

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**His Glory Contracting
8540 Rosalind Street
Anchorage, AK 99507
(907)-644-4600**

C.P. System for Soldotna Y Chevron
(Tanks # 5,6,7,8 and 9 results & recommendations)

This is to notify you of the basic operating status of your cathodic protection system and to make any recommendations, if applicable. Any results that are stated here are ones that can best decide that the system is working properly.

The overall design of the system is sufficient for these 3- STIP3 tanks and the current test of the system shows sufficient amounts of cathodic protection on the tanks at this time.

This galvanic current system has these tanks protected with sacrificial anodes, so I made ground connection at the pp-2 wire inside the piping sump on tanks #6,7,8, on pp-2 on fill pipe on #9 and ground wire on test station on # 5

When taking the tests, all readings were sufficient on these tanks. They were from -1.643 to -.852 which is above the -.850 minimum. From going over the results during the testing, I have come up with the conclusion that there is adequate cathodic protection all around the tanks and piping. The results now are showing that all testing meets the NACE standards of protection.

My recommendations are to keep up on the 3 year testing schedule for your UST cathodic system to assure there is no lack of protection on these steel tanks. It is a large part of your protection against release due to corrosion.

Paul Pedersen
UST inspector/C.P. tester
28 Aug. 2005

Manual Tank Gauging (Tanks only)

Fill out this section if the tank uses manual tank gauging (MTG). Only certain types of tanks can use MTG. See Page 41 of Inspector Handbook for details.

#	Answer "Yes" or "No" for each tank	Tank #5	Tank #__	Tank #__	Tank #__
1	Records indicate level measurements are taken at beginning and ending of each period of at least 36, 44 or 58 hours during which no liquid is added to, or removed from the tank.	Yes			
2	Measurements taken on a weekly basis.	Yes			
3	Weekly and monthly reconciliation or "comparison" is done properly.	Yes			
4	Level measurements are based on average of two consecutive stick readings at beginning and end of period.	Yes			
5	Weekly and monthly average of variation between beginning and end measurements is less than standard shown for corresponding size and dimensions of tank and waiting time.	Yes			
6	Gauge stick is marked legibly and product level can be determined to the nearest 1/8," and stick can measure full height of tank.	Yes			
7	MTG is used as the sole method of leak detection for tank. (Tanks up to 1,000 gallons)	Yes			
8	MTG is used in conjunction with tank tightness testing (Tanks 1,001 to 2,000 gallons), plus it is less than 10 years since installation or upgrade of corrosion protection to tank.	N/A			
9	If Yes for 8, TTT done in last five years. (1,001 to 2,000 gallon tanks only) Complete Section 3.c. if "Yes."	N/A			
10	Monitoring records available for the last 12-month period.	Yes			
11	MTG Current or <input checked="" type="checkbox"/> last complete month's worth of MTG reading shows no evidence of a release. (check one)	Yes			
MTG passes inspection. Questions 1, 2, 3, 5, 6, 7, 8, 9, and 11 are all "Yes."		Pass			

Note: If the answer to any question is "No," please explain below. List problems noted during inspection, even those that were corrected.

Deficiencies: _____

Corrections: _____

Recommendations: _____

